

PART B - FEE(S) TRANSMITTAL

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 601 W Riverside Ave Suite 1400
 Spokane, WA 99201

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N/A Filed via EFS -WEB	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/854,149	5/11/2001	Steven Weil	MS1 - 0747US	6784

TITLE OF INVENTION:

Intelligent Virtual Paging Paradigm

APP.N TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	1510	300	-0-	1810	2/17/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
Laurie Anne Ries	2176	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication from PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents (or, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed:

1 Lee & Hayes, PLLC

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microsoft Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Redmond WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2028 is attached. Fees paid via EFS Web.
- ☐ The Director is hereby authorized to change the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature /Trevor E. Lind/

Date February 13, 2009

Typed or printed name Trevor E. Lind

Registration No. 54785

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